

CERTIFICATE NO. _____

PERSONS CONDUCTING BUSINESS IN THIS STATE UNDER ASSUMED NAME

I (we) do hereby certify that I am (we are) or intend operating a business under the assumed or designated name of

_____,
(Business Name)

_____, and
(Physical Address of Business)

_____.
(Phone Number)

And I (we) further certify that the true full name, or names, of parties interested in the conducting or transacting of said business are as follows:

Name of Person(s) Conducting Business:

Mailing Address:

This certificate being executed in compliance with the provisions of Act II of the Act of the General Assembly of the State of Arkansas for the year 1943 (Approved January 29, 1943)

(Signature)

(Signature)

(Signature)

ACKNOWLEDGMENT

STATE OF ARKANSAS

County of _____

On this the _____ day of _____ before me, _____ the undersigned officer, personally appeared _____ known to me (or satisfactory proven) to be the person described in the foregoing instrument and acknowledged that he/she executed the same in the capacity therein stated and for the purposes therein contained.

Subscribed and sworn to before me this _____ day of _____ 20_____.

(Commission Expiration)

NOTARY PUBLIC